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Assessment of Nine Dimensions of Group Functioning

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Group based helping services have been documented for more than a century in a variety of settings (Sawyer, S., & Jennings, J., 2016). The specialty of group therapy has evolved and empirical evidence emerged in the mid 1900's and into the new millennium to demonstrate the rich and diverse opportunities for healing that occur in a variety of settings and types of groups (Sawyer & Jennings, 2016). Research in the general group psychotherapy literature supports a number of group elements such as the need for clear structure, the importance of a safe emotional climate, the negative impact of individuals who are inappropriate or not a good fit for group membership, and the contribution of cohesion to individual patient outcome (Burlingame, G., Fuhriman, A. & Johnson, J., 2004).

Is there a formula for establishing an optimal group? If there is, how can we easily assess a group in a way that would tell us how well it is functioning? One way to conceptualize a group is to consider the necessary ingredients that yield an experience in the group that both benefits all members and contributes to their individual treatment. We know that research supports a number of group traits that contribute to individual change. Cohesion is the most widely researched therapeutic factor that has a demonstrated relationship to positive change (Burlingame, G., McClendon, D., & Yang, C. 2018). We also know that having a clear and well communicated structure, such as starting time and participation expectations contributes to a safe and predictable environment.

There are different types of groups used in treatment programs such as psychoeducational, leaderless or peer-led, didactic oriented, task oriented and process groups (McGrath, R., Cumming, G., Burchard, B., Zeoli, S. & Ellerby, L. (2010). In this discussion the premise is that the group is facilitated in a manner that engages members to interact with each other so that the group leader/facilitator is not the "center of the wheel", and that the members feel the benefit of engaging directly with each other.

Composition

The member composition of a group is a key ingredient that impacts group functioning and needs to be taken in account when considering overall group functioning (Burlingame, et al., 2004). This includes *homogeneity* across some factors, such as intellectual ability, mental health status, motivation for treatment; and *heterogeneity* across traits, such as introversion or extraversion. In many settings there is limited or no flexibility in decisions regarding group composition, however, these same empirically supported strategies can be used to guide facilitation when there is less than ideal composition. Unfortunately, we do not always have the freedom to place everyone in the ideal group which leaves us with challenges from the start.

It might seem obvious, but ideal group members are motivated, articulate adults with some capability for insight, who are emotionally aware and emotionally in control. Members who are introspective can both be valuable assets, whether introverted or extroverted, if added to the group with some balance of both types. Members who are callous or insensitive, or members who are extremely narcissistic, are likely to be more difficult to relate to, especially for more passive members, and a clinical challenge for many group facilitators. The member's ability to organize thoughts and communicate those thoughts effectively is another important feature. Individuals with serious mental illness, those with significant difficulty with cognitive focus, and those who are sensitive to the size of the group and/or or easily feel overwhelmed may have a more difficult time in an active group.

What follows is a framework for conceptualizing how a group is functioning, and a simple methodology for assessing group functioning across nine key dimensions:
1) adherence to structure, 2) engagement and participation,3) ability of the group to remain focused, 4) emotional climate, 5) the presence of therapeutic factors, 6) developmental stage, 7) co-facilitation relationship, 8) evidence of individual client progress in treatment, 9) the occurrence of pivotal or significant therapeutic moments for the group or individual members in the group.

Clinical assessment of group functioning

Let's take a look at nine key dimensions of a group process that comprise an overall conceptualization of group functioning. These dimensions can be globally rated on a scale ranging from High Functioning to Dysfunctional based on the criteria described for each dimension. There are assessment questions for each dimension and some suggested options for intervention when the group is less than High Functioning.

Clinical Assessment of Nine Dimensions of Group Functioning ©

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4 - High Functioning – on all dimensions

3 - Functioning – on some or most dimensions

2 - Lower Functioning – problems with several dimensions

1 – Dysfunctional – problems with several dimensions

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1) Adherence to Structure

> *This dimension is defined as the group and staff arrive on time, leaders start and end the group on time, the group sits in a reasonable circle, stays in the room, adheres to agreed upon group process protocol and negotiates and uses time productively.*

In a high functioning group, the structure is followed efficiently by the members without prompting or direction by the group leader. There may be minimal problems, occasional late arrival or leaving the room to use the restroom, and few tangential comments. In lower functioning groups there may be frequent testing of group boundaries, such as arriving late, leaving early, not following agreed upon protocols, distractions, or cross talking between members or staff and members. In a dysfunctional group there are significant problems such as multiple members repeatedly arriving late or leaving early, non-participation, or frequent verbal or non-verbal distractions.

Some Assessment questions that help to clarify the level of functioning include:

- *Is there a pattern to the structure problems, such as late arrival, not sitting in a circle, not being prepared for the session, or not following the agreed upon procedures?*
- *Do specific clients not follow structure, or do many or most group members not follow some element of structure?*
- *If there are significant or repeated problems with structure, what does the pattern tell you about the clients? The group as a whole?*

If the group is Lower Functioning or Dysfunctional, some clinical options include considering a shift of clinical expectations to "meet the group where they are at" by slowing the process and shifting focus to the problem issues rather than trying to "work as usual" with treatment assignments, etc. Discuss the issues with the group, consider a new approach, see if you can make it a problem for the group to address. Ask "How does this impact you as group members and your progress?" Consider who is in the group. Is the same client not following several elements of structure? If so, this one client may need help to understand the importance of structure. This may also be a composition issue and this client may not be appropriate for this group or may need some individual attention and guidance to improve compliance examine resistance, or calm anxious narcissism.

2) Engagement

> *Engagement is defined by the degree to which most or all members participate spontaneously and give meaningful and helpful feedback, support, or challenge to other members.*

In a Higher Functioning group, this looks like most or all group members are engaged and participating naturally without invitation or prompting. In problematic groups, there are more members with minimal or superficial engagement and/or some "anti-system" attitudes. In the

most problematic situations, there is general limited engagement, most are quiet, or only offer brief comments, or demonstrate clearly resistant attitudes.

Some Assessment Questions that help to clarify the level of functioning include:

- *Is there a pattern in which the same members fail to participate in a meaningful way?*
- *What is the meaning of certain members not participating?*

Options for clinical intervention include repeatedly inviting more silent members to participate and acknowledging the value of their contributions. The clinician may also consider the developmental stage of the group (see item #8 below). For example, problems with trust are a common early-stage issue before the group has had time to build cohesion. If there is a lack of trust, the group may need help with more basic introductions, trust building exercises, or opportunities to voice particular concerns.

3) Focus or "On Task"

> *This dimension is the ability of the group to remain focused upon the topic, task, assignment or theme, and works with that content rather than drifting or changing content or topic.*

In higher functioning groups this looks like the group stays focused and on topic, giving relevant and significant feedback to each other. The group is generally focused with only some shallow or off target feedback. In more problematic groups the feedback is more shallow, drifts away from the core topic, or there are frequent tangential comments or distractions.

Some Assessment Questions that help to clarify the level of functioning include:

- *Who is disruptive and why?*
- *Is there a leader of disruption?*
- *Is there potential for change?*

Some options for therapeutic intervention include considering the diagnosis (e.g., personality disorder) of those same members who are off task or who give feedback that is off target and disruptive, which requires a more active intervention, or more frequent interventions. This may be an issue of composition in which a specific client is not appropriate for the group. If the whole group, or most members, give feedback that is shallow, or tangential, consider the stage of development of the group. Is the group focused and trusting enough to listen carefully, ask clarifying questions, or willing to take the risk to give thoughtful feedback?

4) Emotional Climate

> *Emotional climate is defined the degree to which significant and relevant emotions occur naturally in the course of the work done by the group, and those emotions are expressed, tolerated, and related to by the members rather than avoided or deflected or defended.*

In Higher Functioning groups there is frequent and spontaneous, healthy (not harmful) emotional expression that is received with support and acceptance from the group. In Lower Functioning groups there is less emotion or suppression of emotions, flat affect, or emotionless or incongruent emotions expressed by the group.

Some Assessment Questions that help to clarify the level of functioning include:

- *Is there depth and authenticity of emotional expression?*
- *When emotions are expressed, do they seem congruent or deeply felt?*
- *Is there a pattern of, avoidance of emotion, self-protection, or defensiveness?*

Clinical intervention should start with the core concept that the group environment needs to be safe enough to allow and encourage spontaneous emotional experience. This is true if there is enough trust to allow full and authentic emotional expression. If not, the group may be functioning at an early stage of development and may need help learning to trust each other. Or may need help exploring more complex or suppressed emotions with each other.

5) Presence of Yalom's Therapeutic factors

> *The presence of therapeutic factors means there are observable expressions by the group that represent therapeutic factors such as Altruism (the direct attempt by members to offer help to others, or the expression of "I want to help you"); or evidence of Cohesion (the expression of connection to the group such as "Our group" or "We", "How does this affect US?" "We will miss you". (*Yalom, I. & Leszcz, M. , 2005)

This dimension is often more difficult to observe and must be interpreted by the clinician. For clients the experience of cohesion may look like frequent expression of care or connection or Altruism may present as attempts to help others. Universality may present as verbalizing the experience that they do not feel alone or that they are able to describe having learned something new (Interpersonal Learning). In Higher Functioning groups there should be multiple therapeutic factors observed over time.

Some assessment questions that helps to clarify the level of functioning include:

- *Observing which therapeutic factors are present and discerning what other factors can be facilitated.*

Options for clinical intervention include the client experience of therapeutic factors evolves as the group spends time together, engages in more intense and interpersonal dialogues, and deepens trust with each other and the facilitator. With cohesion at the root, group members feel more connected and then free or drawn to show care, offer to give to others, or their own relationship repair. If cohesion is not evident, this raises the question of whether the group trusts each other, or if there is a barrier to feeling connected.

6) Stage of Group Development

> *This dimension refers to the naturally occurring developmental stages of a group. What is the group currently experiencing: Initial or Early stage, Middle or Working stage, or Late stage?*

Groups move through stages over time*:* trust (safety) and relationship formation, conflict, working together, intimacy, termination/ending. This is not always a linear process and a new member joining the group creates regression to initial stage.

Some assessment questions that help to clarify the level of functioning include:

- *What developmental stage is the group at? Have you seen developmental progress or is the group stuck?*
- *How can you help the group move to the next stage or deepen the relationships?*

Options for clinical intervention include the idea that, similar to all personal relationships, groups can get stuck because they are not intimate, they are not asking the hard questions of each other, or not taking personal risks in what they share with the group. Think in terms of what would help the group feel and act in more intense and personal ways with each other. Is there a topic or details of a topic that they seem to avoid? For example, do they talk about their sexuality but seem to leave out particular details? Do they seem to always agree even though there are obvious layers of an issue that they do not ask about?

7) Co facilitation relationship (If applicable)

> *This is defined as the degree to which the co-facilitators share a similar conceptualization of the group functioning and process that allows them to work closely and effectively, follow each other's interventions and experience synergy.*

Functioning can range from synergy and collaboration to some collaboration, but they may conceptualize the group differently. Or, there can be obvious differences, intervention direction changes, or the disconnect of not supporting or following each other's interventions. In the least optimal situation, there is clear conflict or significant differences in group conceptualization, intervention timing and type, or overt differences about individual clients.

Some assessment questions that help to clarify the level of functioning include:

- *Is there synergy between the facilitators?*
- *Are there clear professional or personal conflicts?*
- *Is there a philosophical or therapeutic intervention disconnect?*

Options for therapeutic intervention**:** first and foremost, co-facilitators must be allowed time and take time to talk about how they work together and how they view the group, and then they must take the professional risk to have what at times may be difficult conversations. The reality is that tension or lack of synergy is easily transmitted to the group, and at worst, severely impairs group functioning. It is often useful to compare notes (using a structure of

common language like what is being discussed in this assessment process) such as, "What did you see happening in group relationships today?", or "What is your assessment of how the group is working to together and what stage of development do you see?" Immediately different viewpoints and assessment of functioning may occur and should be talked through to find common perspective.

8) Individual Clients Making Progress on Treatment Goals

> *This is defined by the degree to which individual clients are making progress on their treatment goals. Clients complete assignments, bring prepared work, and seek time in group to share their work toward goals.*

Degree of functioning can range from seeing all clients in the group making progress to most clients making progress or working on assignments. In problematic groups there are some clients making progress or few clients making regular progress.

Some assessment questions that help to clarify the level of functioning include:

- *Are all clients making progress?*
- *If some are not, is it related to the group, for example, is one client dominant, or is another always passive?*
- *Do one or two clients always seem to get time and work on treatment while others are much more silent?*
- *Is there a wide gap between clients who are motivated and making progress and others who are not participating or are much less active?*

Options for clinical intervention*:* First, individuals in a group progress at their own pace, and each has different issues to work out in treatment within the group relationships, so allow for individual differences. For those who seem to be outliers, a careful assessment of any client who is not making progress is a good start. Does he have any responsivity issues that are getting in the way or that have not been fully diagnosed? Does he have a conflict, or tension with any group members that could be addressed in the group? Is the lack of progress a representation of a dysfunctional pattern in his life or in relationships?

9) Significant moments

> *"Significant", "good", or "pivotal" moments are defined as situations of significant change or therapeutic movement, or "…good moments…characterized by communication that was expressive, concrete, and not excessively rational; by clients talking about themselves in a personal manner; and by clients engaging in a warm, accepting, support-seeking relationship with their therapists." (Orlinsky, D., & Howard, K., 1978).*

Significant or pivotal moments of growth and change occur spontaneously for group members and the group and facilitators experience those moments and join in the meaning and significance. Level of functioning can range from all group members clearly experiencing some

significant moments and a variety of types such as emotional breakthrough, new insight, or relevant change in relationships. In less optimal situations there may only be some group members who experience significant moments or only occasional significant moments by few members and limited type.

Some assessment questions that help to clarify the level of functioning include:

- *Have you seen significant moments? If so, does the group recognize those as important, something to embrace and appreciate?*
- *What is the nature of significant moments, emotional breakthroughs when clients have had them – was it a new and profound insight?*

Options for clinical intervention**:** learn to see and hear from the client's perspective, this requires being fully present with a deep awareness of the client history, emotional and psychic process, and history treatment or psychological barriers.

Summary

In summary, assessing the group across these Nine Dimensions can provide a holistic assessment of a group at a particular point in time. Continual brief assessment functions like a tune up for your automobile; a periodic check of the brakes, the cooling system, or the tires ensures that your car is safe and operating correctly. The group process is evolving over the lifetime of the group and as individual members enter or leave the group. Likewise, these Nine Dimensions are continually evolving as the group moves through its developmental stages and as individual members make progress or remain stuck. Periodically engaging in brief assessment of the quality of the group can avert clinical myopathy and complacency, keep clinicians attuned to the group's health and needs, and promote early identification of potential problems that should be addressed.

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